

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/529620**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		1	1	1		
7		1	1	1		
8		1	1	1		
9		1	1	1		
10		1	1	1		
11		1	1	1		
12		1	1	1		
13		1	1	1		
14		1	1	1		
15		1	1	1		
16		1	1	1		
17		1	1	1		
18		1	1	1		
19		1	1	1		
20		1	1	1		
21		1	1	1		
22		1	1	1		
23		1	1	1		
24		1	1	1		
25		1	1	1		
26		1	1	1		
27		1	1	1		
28		1	1	1		
29		1	1	1		
30		1	1	1		
31		1	1	1		
32		1	1	1		
33		1	1	1		
34		1	1	1		
35		1	1	1		
36		1	1	1		
37		1	1	1		
38		1	1	1		
39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45		1	1	1		
46		1	1	1		
47		1	1	1		
48		1	1	1		
49		1	1	1		
50		1	1	1		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		1		1		
85		1		1		
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						